

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN491ESR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2008
NAME OF PROVIDER OR SUPPLIER DIALYSIS CLINIC INC - CC		STREET ADDRESS, CITY, STATE, ZIP CODE 778 BASQUE WAY CARSON CITY, NV 89706		
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1 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your facility on 12/8/08 through 12/12/08.</p> <p>The State licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment of Irreversible Renal Disease, adopted by the Board of Health August 1, 2001.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	1 000		
1 110	<p>449.522 Construction; Health and Safety</p> <p>2. Each facility shall provide a physical environment that protects the health and safety of the patients and members of the staff of the facility and the members of the general public. The premises and any structures located on the premises of the facility that are used by a patient of the facility, including, without limitation, any stairwell, corridor or passageway, must satisfy the provisions of any applicable local building or fire safety code relating to the requirements for the design and space of the premises and structures.</p> <p>This Regulation is not met as evidenced by: Based on observations and interview, the facility failed to ensure that for two of five days of the survey, the fire doors were closed and not propped open.</p>	1 110		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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1 110	<p>Continued From page 1</p> <p>Findings include:</p> <p>During the five days of the survey, it was observed that the facility staff would prop open the doors within the facility, to allow unrestricted access through the entire clinic and patient care areas except the three access doors in the waiting room. The doors remained propped open throughout the business day. The staff used rubber door wedges to prop the doors open.</p> <p>Observations made on 12/8/08 and 12/9/08, revealed that the door between the clinic and the store room/water supply room was propped open with a rubber door wedge. The door was marked that it was a fire door, requiring it to be closed at all times except when used by staff. This door was located at the juncture of a hallway, next to the break room and an exit, and readily observed by all staff including management. The door was observed propped open from approximately 9:00 AM until 2:30 PM on 12/8/08. On 12/9/08, the door was propped open at 4:20 AM by Employee #5, and remained propped open until approximately 10:00 AM.</p> <p>At 10:00 AM on 12/9/08, the Clinical Nurse Manager was asked how many fire doors were located inside the facility. She stated she thought all the interior doors were fire doors. This statement was followed by her walking though the facility, identifying the interior doors and removing all the door stops.</p> <p>An interview with Employee #5 at approximately 10:10 AM on 12/9/08, confirmed that door between the clinic and store room/water supply room was propped open all the time to allow staff to have easy access to the water room. She</p>	1 110		

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1 110	Continued From page 2 stated this door remained propped open whenever the clinic was open for business. Employee #5 stated she was not aware it was a fire door. Interviews with the Clinical Nurse Manager on 12/9/08 and the head Bio-Medical Technician on 12/10/08, revealed that the water supply room/supply room door should not be propped open. The head Bio-Medical Technician confirmed the staff were trained at least yearly in fire safety which included fire doors, but could not explain why no staff removed the door stop. Severity 2 Scope 3	1 110		
1 197	449.5345 Construction; Health and Safety 1. A facility shall screen each member of the staff of the facility to determine whether the member has tuberculosis. The facility shall screen each member of the staff: (a) Upon commencement of employment at the facility or upon receiving privileges as a member of the medical staff of the facility; or (b) Before the member of the staff has any physical contact with a patient of the facility. The screening must be conducted in accordance with the provisions of NAC 441A.375 < http://www.leg.state.nv.us/NAC/NAC-441A.html >. This Regulation is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that the facility's staff were screened for tuberculosis (TB) in accordance with NAC 441A.375 for 8 of 10 employees (#18, #20, #19, #11, #13, #21, #3, #1)	1 197		

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1 197	<p>Continued From page 3</p> <p>and failed to ensure that one employee with a positive TB test was not infected with TB (#4).</p> <p>Findings include:</p> <p>NAC 441A.375 (3) specifies: "Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical exam or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and other communicable disease in a contagious state; and (b) Mantoux tuberculin skin test including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin sin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter."</p> <p>Employee #18 was hired by the facility as a per diem patient care technician in August 2008. Review of his personnel record failed to reveal evidence of TB testing.</p> <p>Employee #20 was hired by the facility as a patient care technician in November 2007. Review of her personnel record failed to reveal evidence of TB testing until 5/28/08, but the facility did not conduct a 2-step TB skin test.</p> <p>Employee #19 was hired by the facility as a receptionist in March 2005. Review of her personnel record failed to reveal evidence of TB testing in 2006 and 2007. The record revealed evidence of a TB skin test on 5/28/08, but the</p>	1 197			

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1 197	<p>Continued From page 4</p> <p>facility did not conduct a 2-step TB skin test.</p> <p>Employee #11 was hired by the facility as a patient care technician in June 2005. Review of her personnel record failed to reveal evidence of TB testing until 5/28/08, but the facility did not conduct a 2-step TB skin test.</p> <p>Employee #13 was hired by the facility as a patient care technician in November 2004. Review of her personnel record failed to reveal evidence of TB testing in 2006 and 2007. The record revealed evidence of a TB skin test on 5/26/08, but the facility did not conduct a 2-step TB skin test.</p> <p>Employee #21 was had been hired by the facility as a patient care technician in May 2005. Review of her personnel record failed to reveal evidence of TB testing in 2006 and 2007. The record revealed evidence of a TB skin test on 5/24/08, but the facility did not conduct a 2-step TB skin test.</p> <p>Employee #3 was hired in 2004 as a Reuse Technician. His last documented skin test for TB was 5/22/08. This was first test since 5/2005 according to the documentation in the record. Employee #6 in Medical Records, indicated that she had no other data to indicate that previous testing for TB was done.</p> <p>Employee #1 was hired by the facility as a registered nurse in January 2008. She had presented documentation of a previous TB skin test from her previous employer. Review of the documentation revealed that the test had never been "read." There was no evidence that any additional testing for TB was done in her eleven months of employment.</p>	1 197			

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1 197	Continued From page 5 Employee #4's health record review revealed evidence of an annual TB skin test on 5/20/08. The test was read on 5/23/08; a 10 mm induration was documented which indicated a positive or significant result. When the Nurse Manager was asked for the clinical follow-up for the positive result, she stated that she was not aware that the Employee #4 had a positive TB skin test. When the employee was interviewed on 12/10/08, she stated that she had a follow up chest x-ray at a local occupational health center. No results of the chest x-ray could be located at the facility. When a copy of the x-ray report was obtained from the occupational health care center, it was found that the conclusion was "normal examination." The report did not specifically rule out TB. Severity 2 Scope 3	1 197			
1 301	449.556 Administration and Personnel 1. Each member of the staff of a facility who is responsible for operating the water treatment system of the facility must demonstrate to the satisfaction of the bureau that he understands the risks to patients of exposure to water that has not been treated by the water treatment system. The facility shall, for each of those members, prepare and maintain at the facility a written record of the training provided to those members concerning the safe operation of the water treatment system of the facility. This Regulation is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to document the competency of the patient care technicians (PCT)	1 301			

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1 301	Continued From page 6 to operate the water treatment system for 2 employees. (#2 and #4) Findings include: Employee #2 was employed by the facility in May 2007 as PCT. Review of her personnel file revealed no evidence that Employee #2 had participated in a training program for the use of the water system utilized in dialysis. Review of the personnel record for Employee #4 revealed that she was employed as a Reuse Technician as of 4/20/05. In the file was a yearly personnel evaluation for 4/20/07 - 4/20/08, with a job classification of a PCT. The personnel file lacked documentation that Employee #4 had completed any instruction in the water system used for dialysis. In an interview with the Head Bio-Technician for the facility on 12/10/08, he stated that he was not involved in the training program for the PCT's including the area of the water system unless the training preceptor requested him to do so. He further stated that he did not maintain proficiency records for the PCT's involving their competency in the water system. Severity 1 Scope 2	1 301		
1 333	449.571 Dialysis Technicians 1. Each program for training a dialysis technician provided by a facility must consist of a written curriculum that specifies the objectives for each portion of the course.	1 333		

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1 333	Continued From page 7 This Regulation is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to provide documentation that the training for Patient Care Technicians (PCT) consisted of a written curriculum with specific objectives for each module of the course for two employees. (#2 and #4) Findings include: Employee #2 was employed by the facility in May 2007 as PCT. Review of her personnel file failed to reveal evidence that Employee #2 had participated in a training program that consisted of a written curriculum that specified the objectives for each module of the course. Review of the personnel record for Employee #4 revealed that she was employed as a Reuse Technician as of 4/05. In the file was a yearly personnel evaluation for 4/20/07 - 4/20/08, with a job classification of a PCT. The personnel file lacked documentation that Employee #4 had participated in a training program with a written curriculum that included specific objectives for each module. Neither of the employees or the Nurse Manager were able to produce documentation of the complete curriculum or a complete set of modules. Severity 1 Scope 2	1 333			
1 337	449.571 Dialysis Technicians 5. The instructor of a course of training provided to a dialysis technician shall: (a) Maintain a roster of attendance for each	1 337			

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1 337	Continued From page 8 dialysis technician enrolled in the course; and (b) At least once each week during the course, evaluate each dialysis technician enrolled in the course to determine the progress of the dialysis technician in completing the course. This Regulation is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to maintain a roster of attendance or a weekly progress report for employees participating in the Patient Care Technician (PCT) training program for two employees. (#2 and #4) Findings include: Neither of the personnel files for Employee #2 or #4 contained an attendance roster or weekly progress reports of their participation in the PCT training program. Severity 1 Scope 1	1 337		
1 338	449.571 Dialysis Technicians 6. Except as otherwise provided in subsection 7, each dialysis technician specified in subsection 5 must complete a written examination. The examination must include each of the subjects specified in subsections 2 and 3. If the dialysis technician intends to cannulate a dialysis access during the treatment of a patient of the facility or administer normal saline, heparin or lidocaine to that patient, the examination must include the subjects specified in subsection 4. To pass the written examination, the dialysis technician must achieve a score of not less than 80 percent on each of the subjects required to be included in	1 338		

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1 338	Continued From page 9 the written examination pursuant to the provisions of this subsection. This Regulation is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to provide documentation of written examination scores for two employees who had completed a Patient Care Technician training program. (#2 and #4) Findings include: The personnel files of Employees #2 and #4 lacked evidence of successful completion of a written examination to validate that they were competent and capable of independently providing care to dialysis patients. Neither of the employees or the Nurse Manager were able to produce the requested documentation. Severity 1 Scope 1	1 338			
1 344	449.573 Dialysis Technicians If a licensed nurse or dialysis technician has at least 1 year of experience in performing hemodialysis and has filed with the facility a current written list concerning his knowledge and skills prepared in accordance with the provisions of NAC 449.5745 < http://www.leg.state.nv.us/NAC/NAC-449.html >, the licensed nurse or dialysis technician may: 1. Assist in providing instruction to a dialysis technician at the facility; and 2. Serve as a preceptor at the facility.	1 344			

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1 344	Continued From page 10 This Regulation is not met as evidenced by: Based on interview, the facility failed to demonstrate that staff preceptors for the Patient Care Technician training program were qualified to serve as a preceptors. Findings include: An interview with the Administrator on 12/8/08 revealed that he was not aware of any job description for staff who acted as preceptors for the students in the patient care technician training program. An interview with the Clinical Nurse Manager on 12/9/08, indicated that there was a job description, but she was not able to provide it by the end of the survey. The Administrator and the Clinical Nurse Manager did not provide any documentation as to which staff had been preceptors, or to which patient care technician in training the preceptors had been assigned The Administrator and the Clinical Nurse Manager could not demonstrate that the preceptors met the qualifications to be a preceptor. Severity 1 Scope 1	1 344		
1 345	449.5735 Dialysis Technicians 1. Except as otherwise provided in subsection 2, each program of training specified in NAC 449.571 < http://www.leg.state.nv.us/NAC/NAC-449.html > must consist of at least 80 hours of education in the classroom and 200 hours of directly	1 345		

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1 345	<p>Continued From page 11</p> <p>supervised clinical training for each dialysis technician who is enrolled in the program.</p> <p>This Regulation is not met as evidenced by: Based on review of the patient care technician training modules, personnel record review and interview, the facility failed to meet the minimum requirement of 80 hours of classroom education training required by the State for patient care technicians. (#2 and #4)</p> <p>Findings include:</p> <p>Review of the facility's training program for the patient care technicians, revealed that the training consisted of 15 specific modules for classroom education. The 16th module was specific for technicians who were working in reuse.</p> <p>Review of each of the 15 module outlines revealed the module description, goals, objectives and learning methods. The outline also included the minimum time frame that each module was to take for training; the minimum time frame that the course would take to complete was 54 hours.</p> <p>An interview with the Administrator and the Clinical Nurse Manager on 12/12/08, revealed that neither were aware that the classroom training hours were below the State requirement of 80 hours. The Clinical Nurse Manager acknowledged she was the instructor for the training program. She could not provide any additional information to demonstrate the course was longer than the stated minimum of 54 hours. No evidence that the required and mandated hours of classroom education and supervised clinical practice was located in the personnel files</p>	1 345			

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1 345	Continued From page 12 of either of Employee #2 or Employee #4. The employees or the Nurse Manager could not produce such records.	1 345		
1 381	<p>449.5775 Dialysis Technicians</p> <p>1. A facility shall issue to each dialysis technician who successfully completes a program of training and receives an evaluation of his competency provided to him by the facility pursuant to the provisions of NAC 449.5705 <http://www.leg.state.nv.us/NAC/NAC-449.html> to 449.5775 <http://www.leg.state.nv.us/NAC/NAC-449.html>, inclusive, a document indicating that he has successfully completed the program of training.</p> <p>This Regulation is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to issue to employees who successfully completed a program of training, a document stating that the program of training had been successfully completed for two employees. (#2 and #4)</p> <p>Findings include:</p> <p>The personnel files of Employees #2 and #4 did not contain certificates of completion for their patient care technician training program. In interviews with both employees, they stated that they did not recall receiving certificates from the facility.</p> <p>Severity 1 Scope 1</p>	1 381		

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